

MAT-PDOA



MEDICATION ASSISTED TREATMENT - PRESCRIPTION DRUG AND OPIOID ADDICTION (MAT-PDOA) PROGRAM

Background

The misuse of and addiction to licit and illicit opioids is a serious and challenging public health problem. In 2010, licit and illicit drug overdoses killed more people than traffic accidents, guns, and falls with 38,329 overall deaths, 30,006 of which were unintentional.¹ On average, 105 people die every day as a result of a drug overdose; 44 from overdose of prescription painkillers.² Overdose deaths involving opioid pain relievers have quadrupled from 1999 to 2013.³ Heroin overdose deaths have also increased with 8,200 people dying in 2013.⁴

The U.S. Department of Health and Human Services (HHS) made addressing the opioid addiction problem a high priority. The Secretary's initiative targets three priority areas to combat opioid addiction: **opioid prescribing practices** to reduce opioid use disorders (OUDs) and overdose; expanded use and distribution of **naloxone**; expansion of **Medication-assisted Treatment (MAT)** to reduce OUDs and overdose

Strategic Alignment

MAT-PDOA goals and objectives align well with those of the HHS strategy and [SAMHSA's Strategic Initiative on Prevention of Substance Abuse and Mental Illness](#) to address the licit and illicit opioid misuse and abuse problem across the country. By encouraging the implementation of strategies to decrease the differences in access, service use and outcomes, the program addresses behavioral health disparities. SAMHSA also encourages grantees to actively enroll clients in Medicaid and state exchanges to support the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (ACA), which supports a behavioral health system that includes mental health parity; early periodic screening, diagnostic and SUD and mental disorder treatment services; primary health care integration and increased use of health information technology.



¹ CDC. (2010). Compressed Mortality File Underlying Cause-of-Death Wide-ranging OnLine Data for Epidemiologic Research (WONDER) on Mortality. Retrieved from <http://wonder.cdc.gov/mortsql.html>.

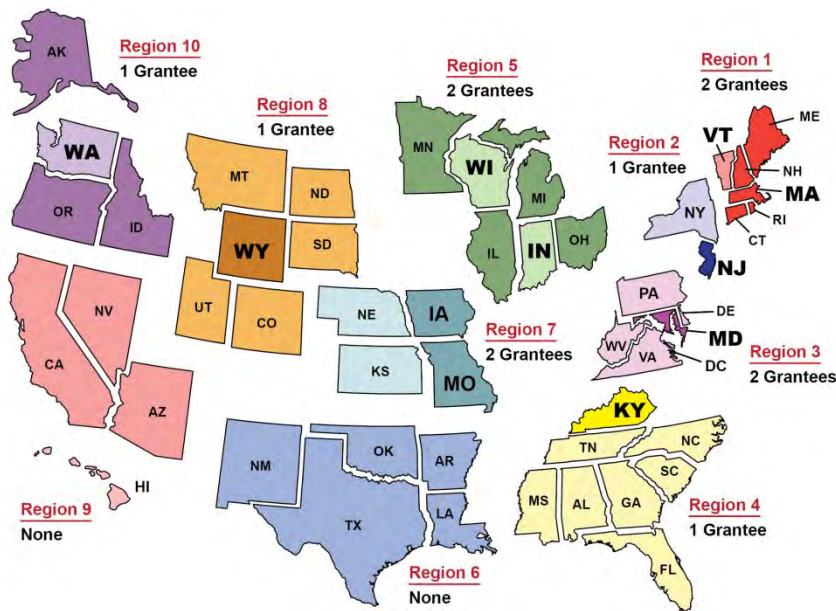
² CDC. (2015). National vital statistics system mortality data. Retrieved from <http://www.cdc.gov/nchs/deaths.htm>

³ CDC. (2015). MMWR. QuickStats: Rates of Deaths from Drug Poisoning and Drug Poisoning Involving Opioid Analgesics — United States, 1999–2013. MMWR Weekly. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6401a10.htm>

⁴ CDC. (2015). Vital Signs: Today's Heroin Epidemic. Retrieved from <http://wonder.cdc.gov/wonder/help/mcd.html>

Grantees and Populations of Focus

MAT-PDOA grantees are states with high rates of primary treatment admissions for heroin and opioids per capita, as well as, increases equal to or greater than 50 percent increase between the years 2007-2012. Grantees include Indiana, Iowa, Kentucky, Maryland, Massachusetts, Missouri, New Jersey, Vermont, Washington, Wisconsin, and Wyoming. The population of focus includes individuals at risk for or with OUDs seeking or receiving MAT including racial, ethnic, sexual and gender identity minority subpopulations.



Purpose and Implementation

In FY 2015, SAMHSA provided \$12 million in funding to states to enhance/expand their treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated care, and evidence-based MAT and recovery support services to individuals with opioid use disorders seeking or receiving MAT. Using evidence-based practices (EBPs), MAT-PDOA grantees provide an array of MAT services to include the use of FDA-approved medications in conjunction with counseling and behavioral therapies, integrated care, and recovery supports. The services are designed to decrease the use of opioids and reduce the risk of overdose among the target population(s) in

at least two high risk communities within the state and to develop partnerships with local government and/or community-based organizations to address the needs in these communities.

As a result of the program, SAMHSA expects to:

- ⦿ Increase the number of individuals receiving MAT services with pharmacotherapies approved by the FDA for the treatment of opioid use disorders
- ⦿ Increase the number of individuals receiving integrated care
- ⦿ Decrease illicit drug use at 6-months follow-up.

Data Informed Programming

The National Outcome Measures (NOMS) serve as performance targets for the MAT-PDOA program. Developed by SAMHSA in conjunction with states, and the District of Columbia, NOMS are designed to embody meaningful, real-life outcomes for individuals who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities. NOMS help improve the decision making process and provides a better snapshot of the efforts being undertaken by the mental health, and substance use prevention and treatment systems.

Through the MAT-PDOA program, SAMHSA's work will aid in the development of more effective behavioral health service systems and community-wide strategies to reduce opioid overdoses; overall overdose mortality; and the prevalence of opioid use disorder in high-risk communities across the country.

For further information about the Targeted Capacity Expansion MAT-PDOA Program, contact Gerlinda G. Somerville at gerlinda.somerville@samhsa.hhs.gov